

Animal Care & Control offers individuals on public assistance a spay or neuter surgery for their pets. Applicant must currently be a benefit recipient of AHCCCS, Food Stamps, SSI, Federal Public Housing or TANF, AGNES Fund or have an income not to exceed 150% above the federal poverty level guidelines.

Please mail your complete application to: Applications that are not completely filled out will be returned.

AC&C
Big Fix Program
2323 S. 35th Ave.
Phoenix, AZ 85009

If determined eligible an AC&C representative will call you for an appointment. If you have questions regarding the completion of the application or about the surgery please call AC&C at (602) 506-7239.

If you do not qualify, AC&C offers quarterly pet spay days for the public. Visit pets.maricopa.gov for a list of dates and locations.

MARICOPA COUNTY ANIMAL CARE & CONTROL

“THE BIG FIX PROGRAM”

LOW-INCOME SPAY/NEUTER APPLICATION

How many pets do you currently have in your household? Dogs_____ Cats_____

Are they current on their vaccinations? Yes___ No___

Does your pet have a current license? Yes___ No___

Proof of current vaccination and license is required or must be obtained at time of surgery.

Have you received a low income spay surgery from AC&C in the past?

Yes_____ Date_____ No_____

How did you hear about our program?_____

Does your household currently participate and receive benefits from any of the following programs? Please let us know if you have trouble completing information.

- | | | |
|---|----------|--------------------|
| 1. AHCCCS (Medicaid) | Yes___ | Case # _____ |
| 2. Food Stamps | Yes___ | Case # _____ |
| 3. SSI | Yes___ | Case# _____ |
| 4. Federal Public Housing | Yes___ | Case# _____ |
| 5. TANF | Yes___ | Case # _____ |
| 6. Agnes Fund | Yes___ | ARF Approval _____ |
| 7. Total Household Gross Income per yr. | \$ _____ | |
| 8. How many people in home? | _____ | |

Applicant's Name (Last, First, M.I.)

Applicant's Social Security #

Applicant's Birthdate (m/d/y)

Home Telephone#

Residential Address (No., Street, City, State, and Zip)

Address where Pet lives (if different from mailing address)

Any incomplete information will delay your application

I certify under penalty of perjury that I receive benefits from one of the programs checked above. I authorize AC&C to contact any sources necessary to establish accuracy of the information given by me. I also certify that the animal(s) receiving the surgery is my own and I am the sole legal owner of the pet.

I understand that completing this application does not guarantee my pet will be provided sterilization through this program.

Applicant Signature

Date